EXHIBIT 85

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al. Plaintiffs, v. ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al., Defendants.	Case No. 1:25-cv-00196

DECLARATION OF JANE DOE 8

I, Jane Doe 8, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am employed by the Division of Reproductive Health (DRH), within the National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP), within CDC. I have been on administrative leave status since April 1, 2025. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.
2. I am submitting this declaration pseudonymously because I fear retaliation. But if the Court would like to know my name or job position, I would be willing to provide it ex parte and under seal.
3. I am providing this declaration to explain the impacts of the reductions in force (RIFs) of April 1, 2025, on the operations of DRH since the court in this case entered its injunction on July 1, 2025.

4. I submit this Declaration in support of the Plaintiff States' Opposition to Defendants' Motion to Modify the Preliminary Injunction.

Professional Background

5. I have worked in public health for over 20 years, all of which were at CDC, and over 10 of those years were in DRH. Prior to joining DRH, I worked in violence prevention, infectious disease epidemiology, and environmental health at other Centers within CDC. At DRH, I participated in technical assistance to state grantees and managing surveillance methodology.

Status of Employees Affected by the RIFs and Reorganizations

6. The April 1 RIFs stalled much of DRH's work which previously included public health surveillance activities on maternal and infant health outcomes, in vitro fertilization (IVF) tracking, abortion surveillance, and contraception safety guidelines. Nor will DRH be able to continue its field work to provide direct assistance to states through assignment of senior maternal and child health epidemiologists, or capacity building to address the needs of reproductive-aged, pregnant, and postpartum women and their infants for an emergency response, such as a pandemic or natural disaster.
7. Since the July 1, 2025, Preliminary Injunction, none of the roughly 76 RIF'd employees at DRH have been reinstated and some reorganization efforts continue to progress.
8. These RIF'd employees are not easily replaced—many have decades of experience in reproductive health and are highly qualified experts. RIF'd employees include epidemiologists, health scientists, physicians, public health advisors, public health analysts, health communication specialists, mathematical statisticians, social scientists,

and administrative support staff. It would likely take years to find and hire replacements for the individuals.

DRH, Office of the Director

9. All employees of DRH, Office of the Director (DRH OD), are on administrative leave and are, therefore, unavailable to manage either DRH branches or the many teams and offices within those branches. The DRH OD plays a pivotal role in supporting states to advance optimal reproductive, maternal, and infant health. DRH OD establishes the strategic vision for research, programs, and surveillance systems, ensuring CDC's efforts address critical gaps in the field through collaboration with state, federal, and non-federal partners.
10. DRH OD provides direct support to states through developing guidance for campaigns like "Hear Her" to reduce maternal mortality, facilitating technical assistance and training through national partners, and building stillbirth surveillance capabilities. Furthermore, DRH OD provides essential scientific and operational leadership, managing human subjects research, data agreements, IT needs, economic analyses, and ensuring the scientific integrity of all products used by states.
11. The office also assesses the impact of divisional activities through evaluations, reports state success stories, and broadly disseminates scientific information to ensure states have access to the latest data-driven guidance. Crucially, DRH OD manages the budget and develops funding opportunities, directly supporting state maternal and child health programs. Without DRH OD, states would face significant challenges in accessing vital messages, guidance, data, and funding necessary to sustain and advance their critical work in maternal and infant health.

DRH, Women's Health and Fertility Branch

12. The Women's Health and Fertility Branch employed 36 people as of April 1 and, currently, all of them remain on administrative leave and unavailable for work. This Branch oversaw the Fertility Epidemiology Studies team, which conducts research on the relationship between contraception and medical conditions including chronic and infectious diseases and develops, evaluates, and disseminates recommendations and guidelines for reproductive and contraceptive health practice. Currently, this team has stopped its efforts to survey contraception safety and contraception guidelines.
13. The Branch also oversaw the Assisted Reproductive Technology (ART) team and its statutorily-mandated responsibilities to collect data and publish annual reports on national and state-level use, safety, and effectiveness of assisted reproductive technologies including IVF, gestational carrier, and oocyte and embryo banking cycles. For decades, the ART team oversaw the ART Surveillance System (NASS) which recorded ART cycles in the U.S. since 1992 and maintained catalogs of sensitive data on patients undergoing ART and children born after ART.
14. While contractors should continue to collect data through December 31, 2025, there is no available ART staff to supervise collection, standardize data collection practices, or to verify data accuracy. Nor will there be any ART staff to turn that data into annual reports which have previously provided states and researchers comprehensive, unbiased information on ART performed in the U.S.
15. Further, since all ART team members were RIF'd on April 1, 2025, and remain on administrative leave, no one is available to continue preserving and protecting the

sensitive ART data the contractors collect, or to ensure the data already collected is properly stored consistent with security protocols.

16. Infertility affects millions of Americans and the elimination of this team has devastating consequences for all people who rely on this information to make thoughtful decisions and safely grow their families.

17. Aside from the ART team, the Women's Health and Fertility Branch also oversaw the Pregnancy Risk Assessment Monitoring System (PRAMS) team. PRAMS is a survey of those who recently gave birth, which seeks to learn about their behaviors and experiences before, during, and after pregnancy. Topics include preconception, prenatal and postpartum care, maternal tobacco/alcohol/substance use, intimate partner violence, contraception, economic status, maternal stressors, early infant development and health status, mental and physical health, breastfeeding, housing, occupational status and workplace leave, safe sleep practices, health insurance, vaccines, food/housing insecurities, and social determinants of health. The team was responsible for developing and implementing PRAMS survey through coordination and continuous monitoring of data collection across fifty jurisdictions to ensure proper and timely completion and delivery of data to states and external researchers; offered system support to the fifty PRAMS grantees to ensure standardized data collection, monitored adherence to human subjects protections and other ethical standards, data collection protocols and data privacy/security; managed the PRAMS data collection system (PIDS) making it available for grantee use; and cleaned and weighed data for the states to use, package, and share to the public.

18. The entire PRAMS team was RIF'd in early April and, today, all members remain on administrative leave, stopping and hobbling PRAMS team efforts to collect the data that would be used in the annual report for 2025 and beyond. This lack of support and oversight presents significant challenges for state grantees who now have to self-coordinate data collection activities, likely leading to fragmented and inconsistent data collection that cannot be combined into a national dataset. Because of a lack of oversight and support, 43 of 50 jurisdictions began 2025 birth cohort data collection in July—a three-month delay—and operated without any support or oversight from CDC. Ultimately, due to the absence of CDC PRAMS staff to coordinate and assist, 2025 data collection efforts lack standardization, making cross-state data comparisons impossible. States also faced two imminent risks of shutdown as the result of the RIFs: PRAMS staff may not be reinstated in time to analyze the collected data, and there may be no PRAMS staff to renew essential IRB and secure OMB approvals by the end of March 2026. Either risk jeopardized the entire 2025 report and is enough to drive down participation. The initial three-month delay, combined with the risk of early termination and anticipated lower survey responses due to these disruptions, and the absence of CDC PRAMS staff to coordinate and assist in standardized data collection, all cast serious doubt on the usability and reliability of the 2025 data.
19. CDC's surveillance support staff for the 50 PRAMS grantees has plummeted, with oversight now consolidated from 18 staff members to a single individual outside of WHFB who has never worked on PRAMS before this year.
20. States received 2024 raw, unusable PRAMS data and have no funding to secure another consultant to weigh the data. Without 2024 (and 2025) PRAMS weighted (useable) data,

states are uncertain how they will be able to fill the Maternal and Child Health (MCH) data infrastructure gap in their state as PRAMS data are used to support Title V and other grant funding, needs assessments, program development and evaluation, and inform policy. For most states, PRAMS is the only statewide source of data for countless MCH data (e.g., maternal mental health, intimate partner violence, infant safe sleep, social determinants of health) that are absolutely critical for measuring risks and outcomes for mothers and babies to ensure healthy outcomes.

21. The elimination of CDC PRAMS staff members has also resulted in the loss of a crucial national dataset, the PRAMS Automated Research File (formerly PRAMS Analytic Data File), that has been used by the U.S, dating back to 1988. This burden now falls entirely on individual states, which are already inundated with requests from external researchers for this data. States do not have the capacity to produce these Automated Research File data files.

DRH, Field Support Branch

22. Separate from the Women's Health and Fertility Branch, DRH oversaw the Field Support Branch which provided direct support and technical assistance to state and local health departments through its teams. All full-time employees within the Field Support Branch were RIF'd on April 1 and remain on administrative leave, today. The only remaining employees, non-civilians Commissioned Corp, have been reassigned out of the Branch.
23. All employees of the Field Support Branch, Office of the Chief, were RIF'd and remain on administrative leave creating a void of leadership throughout the branch.
24. The Field Support Branch oversaw two teams that provided direct support and technical assistance to state and local health departments: the Maternal and Child Health

Epidemiology (MCHEP) Team, and the Emergency Preparedness and Response (EPR) Team. A third team, the Global Reproductive Evidence for Action Team, improves global maternal and infant health by strengthening the evidence base and public health capacity.

25. The MCHEP Team has provided direct assistance to states since 1986 through the assignment of CDC maternal and child health epidemiologists as field assignees. These experienced epidemiologists serve in states across the country by analyzing public health data, advising leadership on applying evidence to programs, providing subject matter expertise, overseeing scientific projects, training other epidemiologists, improving quality and use of data systems, and evaluating public health programs. Field assignees are requested by states, who fund 80% of the salary and benefits for their field assignee, with the other 20% funded by CDC. There were 11 field assignees whose positions were terminated on April 1. State and local capacity to optimize maternal and child health in their jurisdictions will be reduced, including complicating efforts in these jurisdictions to collect, analyze, and publish PRAMS data.

26. The EPR Team worked with other federal agencies, state and local jurisdictions, and clinical professional associations to protect the health of maternal and infant populations during public health emergencies. The EPR Team contributed to national diagnostic and treatment guidance and prevention recommendations in the context of new diseases such as Zika Virus and COVID-19, and conducted critical epidemiological studies to determine how these diseases specifically affect pregnant women and infants, as well as measure the effectiveness of preventive measures (such as vaccines) and treatment options. CDC is currently responding to outbreaks of the viral diseases dengue, oropouche, and measles, all of which have specific implications for pregnant women,

breastfeeding women, and/or pregnancy outcomes. These responses are occurring without the specialized expertise of EPR Team epidemiologists and physicians, and with the team's trusted partnerships with clinical and public health organizations and maternal and child health preparedness partners, and vast knowledge, tools, and resources honed over 10 years of emergency response experience. Since 2018 the EPR Team has collaborated with public health and maternal and child health organizations such as the National County and City Health Officials (NACCHO) and the Association of Maternal and Child Health Programs (AMCHP) on maternal and infant health capacity-building programs for state and local jurisdictions. With the elimination of most of DRH, these impactful programs will not continue past September 30, 2025. In addition, the EPR Team had critical collaborations with FEMA and U.S. Census Bureau teams to obtain data on the impact of disasters on pregnant, postpartum, and lactating women. At a time when the severity of weather-related emergencies such as extreme heat, wildfires, and Atlantic hurricanes is increasing, cutting the EPR Team and eliminating funding for state capacity-building projects could lead to reduced planning for maternal and infant health, impacting access to critical services during emergencies like prenatal care and infant feeding support.

27. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATED and SIGNED this 24 day of July 2025 at 3:25pm.

Jane Doe 8

Jane Doe 8
Division of Reproductive Health
Centers for Disease Control and Prevention